Authorization Letter to Claim Money

Date:

From

Name of the Authorizing Party

[Address]

[ Email]

[Contact number]

To,

Name of the Person

[Address]

Sub: Authorization Letter to Collect Salary

Hi there,

I'm authorizing\_\_\_[name of the person being authorized] to collect my salary on my behalf as I am hospitalized. My company registration number is\_\_\_and my ID number is\_\_\_[ID number of authorized persons].

Please ensure that this person is only able to collect my salary. I am authorizing them to sign any documents related to this transaction. Thank you for your help with this matter.

Please let me know if you have any questions.

Best, \_\_\_\_\_\_

[your name]